

No. 300
 10.46

35590
 State File No. 39

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 39

1. PLACE OF DEATH
 a. COUNTY Lincoln
 b. CITY (If outside corporate limits, write RURAL and give township) Rural (Bedford Twp)
 c. LENGTH OF STAY (in this place) XX
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hi-Way # 47 West of Troy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Lincoln
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) Jessie W b. (Middle) Wells c. (Last) Gibson
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 25, 1890 9. AGE (In years last birthday) 65 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Wells 13b. MOTHER'S MAIDEN NAME Mary Alexander 14. NAME OF HUSBAND OR WIFE Morphis Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morphis Gibson Troy, Missouri

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures of Skull & Chrushed Chest
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Automobile Collision
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH Inst.

19a. DATE OF OPERATION XX 19b. MAJOR FINDINGS OF OPERATION XXXXXXXXXXXXX 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bedford Twp Lincoln 051 Missouri

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 22, 1952 m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 21f. HOW DID INJURY OCCUR? Head on Collision of two Automobiles

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph D. Marsh Coroner 23b. ADDRESS Troy Missouri 23c. DATE SIGNED 10/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/25/52 24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery 24d. LOCATION (City, town, or county) (State) Troy, Missouri

DATE REC'D BY LOCAL REG. Emma B. Riddle 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy Missouri.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 15 1961

MAR 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, YXX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.